PTC/SB/08 (08-03)
Appared for use through 7/3V2000, CMB 0451-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF CONMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											~ <u>````[C</u>	1619,	<u>3</u> 53
	••	CLAI		FILED - turns 1)	- PAI	SMALL E	:: YDTK	OR		THAN ENTITY			
(Column 1) (Column 2)  FOR MANSER FILED MANAGER EXTRA								l	RATE	ree		· RATE	FEE
BASICFEE			4			- HUMBER CANAL		lt	·	·		Basic	.750
(37 CFR 1.16(a)) FOTAL CLAILS			11			20				S	OR	10	
D7 OFR 1.16(c)) PROEPENDENT CLAIMS			4 6 mileus 20 =			· 20		l	x 5		OR	2318.	360.
(37 CFR 1.15(b))			<u> </u>	ujen )	•	•			× 6 •		OR	x384.	84
w	TIPLE DEPENDE	4 CAN	I PRESE	NT C	)7 CF#	t Listery		l	+5		OR	1.20	
' If the difference in column 1 is less than euro, enter 'O' in column 2. '									TOTAL		- OR	TOTAL Y	1,194,
	Cl	AIMS	as an	AENDED	- P#	ART II				••••			•
	(Cotumn 1) (Cotumn 2) (Cotumn 3)								SMALL 6	NITY	· OR		R THAN ENTITY
A T	ı	REM	ABNS ABNBNG TER		PRE	IGNEST UMBER VIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	•	RATE	ADOL
ENDMENT	Total	- Z	DMENT	Minus	"	40 FOR	. •		** *	FEE		Na .	FEE
2	(D) CFR 1.15(c) Independent	٠٠٠	<del> </del>	Minus		<del>10</del>		ł	× \$*		OR	7	
AME	(07 CFR 1,15(b))		<u> </u>			٦_	L		x 5=	· · · ·	OR T	**-/-	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,1541)								45		OR	+5	
9-2305 KCB (Column 3)									ADOL FEE		OR	ADD'S FEE	L
MENT 8		REM	NIMS WINING TER OMENT		R PRI	EVIOUSLY	PRESENT EXTRA		RAŢE	ADDI- TIONAL FEE		· RATE	ADDI- TIONAL FEE
×	Total cr cra Liter)		59	Minus,	-	40	<b>5</b> .		× 4		CR	x 1	
END	Endependant (IF CFR 1,140-5	•	प	Minus		4	•	1	X \$=		OR	×5•	
¥	FIRST PRESENTATION OF MULTIPLE DEPONDENT QLAM 1 (D) CFR 1.16(0)							11	+5 .	:	OR	+3	
11-20-05									TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
4	0		ADMS.	<del></del>		Column 2) EGHEST	(Cotumn 3)	1	•		1		<del></del>
NAC		REM	ANING TER DMENT	1	PREV	NAMBER EVIOUSLY AID FOR	PRESENT		RATE	TIONAL FEE		RATE	- TIONAL FEE_
ENDMENT	EDOT		59	Minus	"	40			x \$	1.	OR	X 5=	
Z.	independent cor core 1,4400	• 1	1	Minus	-""	4	•		x3		<b>DR</b>	x 8	<u> </u>
₹	FIRST PRESENTATION OF MATURE DEPENDENT CLAIM (37 CFR L.IRIG)								+8	i	OR	• 4 •	
-	1							- '	TOTAL		3 '	TOTAL	

"If the "Righest Number Provincinty Path For" IN TMS SPACE is test than Au, limiter 20.

"If the "Righest Number Provincinty Path For" IN TMS SPACE is test than A content of the properties but in column I.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the outlier which is to the fand by the USPTO to processe an application. Confidentiating is governed by 39 CFR 1.14. Table collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the complete application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for resource this burden, should be sent to the Child Information Officer, US. Peterd and Tradenath Officer, US. Department of Commerce, P.D. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.